

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) William B. Courtnei Trustee Office (if applicable) Gerlach GID
 District (if applicable) (775) 557-2277
 Mailing Address (include city and zip code) P.O. Box 70 Gerlach NV 89412
 Telephone No. Willie C @ Hotmail.com
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
 Period: January 1, 2003 - December 31, 2003

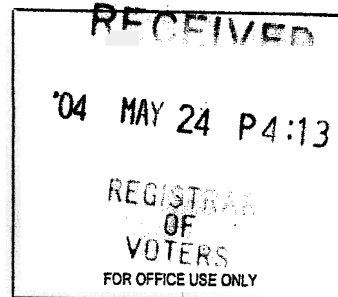
☒ Report #1 - Due August 31, 2004
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☐ Report #2 Due - October 26, 2004
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

- Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

William B. Courtnei

Date

5/18/04

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

William B. Cantwell **Trustee** **Gerlach GFD**
 Name (print) Office (if applicable) District (if applicable)
 P.O. Box 70 Gerlach NV 89412 (775) 557-2277
 Mailing Address (include city and zip code) Telephone No.
 willb@Hotmail.com
 E-Mail Address

FILE

MAY 24 2004

DEAN HELLER
 SECRETARY OF STATE

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

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CONTRIBUTIONS SUMMARY

Total Monetary Contributions Received in Excess of \$100

2. Total Monetary Contributions Received of \$100 or Less

3. Total Amount of Monetary Contributions Received
 (Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid
 (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

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State of Nevada

William B. Courtwei Trustee

Gerlach GED

Name (print)

Office (if applicable)

District (if applicable)

P.O. Box 70 Gerlach NV 89412

(775) 557-2277

Mailing Address (include city and zip code)

Telephone No.

willb@Hotmail.com

E-Mail Address

FILE

MAY 24 2004

DEAN HELLER
SECRETARY OF STATE

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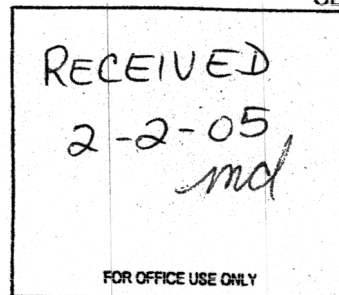
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CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

This Period

0

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0

3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)

This Period

0

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

4. Total Value of In Kind Contributions Received in Excess of \$100

0

0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

0

6. Total Monetary Expenses Paid of \$100 or Less

0

7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)

0

8. Total Value of In Kind Expenses in Excess of \$100

0

AFFIRMATION

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Signature

EL201.doc

Revised: Jan-04

Date

5/18/04